

Record of Discussion – NVOOC

22 Nov 2015

Points of Discussion

Discussion Regarding PM to VA Minister Mandate Letter

From the NVOOC point of view there are 3 categories of direction within the mandate letter from the PM to the Minister of Veterans Affairs.

1. Items that we support and for which we have no substantive comment so long as they are implemented as stated.
2. Items for which greater clarity is required due to either vague wording or a lack clear deliverables.
3. Items we believe to be crucial in nature and will actively engage and advocate for.

Items under Category 1.- No significant comments

- Provide injured veterans with 90 percent of their pre-release salary, and index this benefit so that it keeps pace with inflation.
- Create a new Veterans Education Benefit that will provide full support for the costs of up to four years of college, university, or technical education for Canadian Forces veterans after completion of service.
- Improve career and vocational assistance for veterans through ensuring that job opportunities for returning veterans are included in Community Benefits Agreements for new federally-funded infrastructure projects.
- Increase the veteran survivor's pension amount from 50 percent to 70 percent.
- Eliminate the "marriage after 60" clawback clause, so that surviving spouses of veterans receive appropriate pension and health benefits.
- Double funding to the Last Post Fund to ensure that all veterans receive a dignified burial.
- End the time limit for surviving spouses to apply for vocational rehabilitation and assistance services.

Items under Category 2- More clarity required

- Expand access to the Permanent Impairment Allowance to better support veterans who have had their career options limited by a service-related illness or injury.
 - a. Greater clarity is required as to how this will operate as part of a more holistic approach to pension and income support.
- Provide greater education, counselling, and training for families who are providing care and support to veterans living with physical and/or mental health issues as a result of their service.
 - a. How does VAC intend to train families acting as support to veterans with disabilities, how does this interface with other supports provided to disabled veterans?
- Re-open the nine Veterans Affairs service offices recently closed, hire more service delivery staff, and fully implement all of the Auditor General's recommendations on enhancing mental health

service delivery to veterans.

- a. This should depend on density to provide assistance where it is most needed.
- Create two new centres of excellence in veterans' care, including one with a specialization in mental health, post-traumatic stress disorder and related issues for both veterans and first responders.
 - a. How are first responders related to the mandate of veterans? While there is overlap in medical and psycho-social rehabilitation needs, there needs to be clarity regarding responsibilities regarding veterans. If the requirements are greater than for veterans may be better under the Minister of Health with special access for veterans?

Items under Category 3- points of strong advocacy.

- Work with the Minister of National Defence to reduce complexity, overhaul service delivery, and strengthen partnerships between Veterans Affairs and National Defence.
 - a. The transition from uniform to civilian life can be extremely challenging for veterans, particularly those whose careers have ended involuntarily. Supports regarding how to transition to post-military careers are needed in addition to the right to access initiatives.
- Re-establish lifelong pensions as an option for our injured veterans, and increase the value of the disability award, while ensuring that every injured veteran has access to financial advice and support so that they can determine the form of compensation that works best for them and their families.
 - a. Lifelong pensions should be the default and indexed to inflation, in addition, increased financial planning support from "qualified" financial experts is necessary for veterans forced to transition from military careers.
- Deliver a higher standard of service and care, and ensure that a "one veteran, one standard" approach is upheld.
 - a. Support the concept but what does it mean- does this mean access to LTC for veterans that have served in an SDA similar to WWI, WWII and Korean veterans?
- Work with the Minister of National Defence to develop a suicide prevention strategy for Canadian Armed Forces personnel and veterans.
 - a. Suicide prevention should be part of a holistic mental -health support system integrated into both the CF and VA particularly for individuals that have served in high stress environments.

See more at:

<http://pm.gc.ca/eng/minister-veterans-affairs-and-associate-minister-national-defence-mandate-letter#sthash.PLq9Glyx.dpuf>

Advocacy in support of LTC

Item 1- Definition of Veteran

While a quasi- official definition of a veteran exists- *anybody that has completed MOC training and has*

been honorably released from the Canadian Forces- there is considerable uncertainty regarding the application of the definition in the context of veteran's supports.

The key point of discussion for NVOC in relation to access to LTC is what defines the characteristic of "unlimited liability" for veterans in relation to the social contract between the nation and the veteran. The spectrum for this discussion could be as broad as the utilization of the definition above where all MOC qualified members of the CAF are considered veterans or could be narrowed to more specific groups of individuals that have served in operational theatres as an example.

This is not the first time the GoC has faced this issue and decisions regarding supports for veterans in the past have used "those who have served in Special Duty Areas" to define veterans for the purpose of government supports. While the use of SDAs may not be the perfect solution a similar approach where those who have experienced some version of unlimited liability are provided increased access to government supports.

Additional considerations in the sphere of veterans care include the existence of pan-Canadian Health care and provincial responsibility for health care delivery. In comparison to supports for traditional veterans, where these paradigms did not exist, consideration must be given regarding the service of veterans and the social contract with the nation.

Further discussion regarding the – One veteran, one standard -concept and its philosophical and physical impacts will be required.